

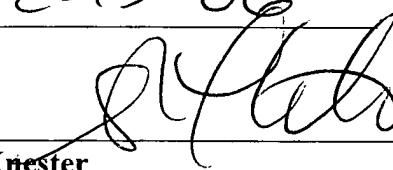


IPW/

## CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**

on 2-13-06  
  
\_\_\_\_\_  
**Jeffrey R. Knaester**

In Re Application of:

**Rodriguez, et al.**

Serial No.: **10/780,448**

Group Art Unit: **2614**

Filed: **February 13, 2004**

Examiner: **Beliveau, Scott E.**

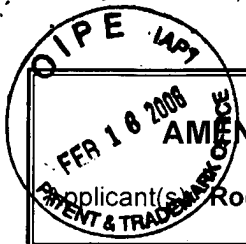
For: **System and Method for Expiration Reminders of Rentable Media Offerings**

Docket No. **A-9740 (191930-1360)**

The following is a list of documents enclosed:

Return Postcard  
Petition for Extension of Time - 1 month  
Amendment Transmittal Page  
Fee Transmittal  
Credit Card Authorization - Authorizing \$120.00  
Amendment and Response to Non-Final Office Action

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.



AMENDMENT TRANSMITTAL LETTER (LARGE)

Applicant(s) Rodriguez, et al.

Docket No.

A-9740 (191930-1360)

Serial No. 10/780,448	Filing Date February 13, 2004	Examiner Beliveau, Scott E.	Confirmation No. 1512	Group Art Unit 2614
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Invention: **System and Method for Expiration Reminders of Rentable Media Offerings**

Commissioner for Patents  
Mail Stop Amendment  
P.O. Box 1450  
Alexandria VA 22313-1450

Transmitted herewith is a Petition for Extension of Time (1 month), and Amendment and Response to a Non-Final Office Action in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	18 -	20 =	0	X \$50.00	\$0
INDEP. CLAIMS	2 -	3 =	0	X \$200.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$360.00	\$0
EXTENSION FEE	1 <sup>ST</sup> MONTH <input checked="" type="checkbox"/> \$120.00	2 <sup>ND</sup> MONTH <input type="checkbox"/> \$450.00	3 <sup>RD</sup> MONTH <input type="checkbox"/> \$1,020.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> \$1,590.00	\$120.00
Other Fees:					\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$120.00

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. in the amount of . A duplicate copy of this page is enclosed.
- ☐ A check in the amount of to cover the filing fee is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$120.00 (for 1 mo. EOT).
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

Jeffrey R. Kuester, Reg. No. 34,367

Date

2-13-06